

Vet Expenses Claim Form

Claims should be uploaded to the 'Manage Policy' portal, or submitted in writing and received with the original itemised invoice(s) within 90 days of the vet treatment being provided. Faxed claims will not be accepted. Note: If this is your first claim please attach a complete veterinary history (medical records) from all current and previous veterinary clinics. If you have previously provided this information to us, or if it is a wellness care claim, you do not need to provide it.

Part 1: To be completed by the Pet owner/Policyholder

| | |
|--|---|
| Insured's Policy Number: <input type="text"/> | Pet's Name: <input type="text"/> |
| Policyholder's Name: <input type="text"/> | Pet Type: Dog <input type="checkbox"/> Cat <input type="checkbox"/> |
| Address: <input type="text"/> | Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Suburb: <input type="text"/> | Desexed: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| State: <input type="text"/> Postcode: <input type="text"/> | Pet's Age/DOB: <input type="text"/> |
| Phone: <input type="text"/> Home <input type="text"/> | Breed: <input type="text"/> |
| <input type="text"/> Work <input type="text"/> | Colour: <input type="text"/> |
| Email: <input type="text"/> | Tick if there has been a change of address or contact details: <input type="checkbox"/> |
| If you are registered for GST and are entitled to a GST Input Tax Credit (ITC) on your premium, what is the ITC percentage? <input type="text"/> % | |
| ABN: <input type="text"/> | By leaving these details blank, the insured confirms that no entitlement to GST ITC exists. |

Part 2: To be completed by the vet to ensure efficient processing of your claim

Note: If this is your pet's first claim or your pet has been insured with us for less than 6 months please attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided this information to us you do not need to resubmit it.

How long has this pet been a patient of your clinic? Less than 6 months More than 6 months

| Type and cause of injury or Condition/ Diagnosis or details of Routine item | Date of Treatment | Dates of first clinical signs (include dates of previous related or similar conditions) | Total Charge |
|--|----------------------|--|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Vet's notes: (case summary) Please attach radiology and /or pathology reports if applicable.

Date of last vaccination/booster: DD / MM / YYYY Type of Vaccination:

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that deliberate misrepresentation of the animal's condition or the omission of any material facts may result in the denial of the claim and/or cancellation of the policy. I/We confirm that the account(s) submitted with this claim have been paid in full and I/We understand that Petsecure will assess the claim in accordance with the cover selected and benefits payable by the policy. I/We authorise any Veterinary Surgeon who has treated my/our pet to provide to the insurer any details they may require. Please note that issuance or completion of this form does not acknowledge liability or guarantee payment of the claim.

| | |
|--|---|
| Signature of pet owner: <input checked="" type="checkbox"/> | Date: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY |
| Signature of veterinarian: <input checked="" type="checkbox"/> | Date: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY |
| Veterinarian registration no: <input type="text"/> | |

Making a claim in 3 easy steps

Step one

Download a Vet Expenses Claim form – visit petsecure.com.au/forms-downloads/ or contact us on 1300 855 160 between 8:30am and 5:00pm Monday to Friday (EST). You can do this before you visit your vet so that the form can be completed immediately after your consultation.

Step two

Fill in you and your pet's personal information (Part 1) and sign the Declaration.

Ask your Vet to complete the applicable section (Part 2), and sign the Declaration.

Step three

Sign up to our **Manage Policy** portal on the website www.petsecure.com.au

Submit (upload) your completed claim form and detailed itemised invoices and consultation notes (please ensure that your Vet includes his / her practice details on the invoice).

Keep the original documents for your records.

Once submitted you will be able to check the progress of your claim through the portal.

Alternatively, you can attach the detailed itemised invoices and consultation notes to the completed Claim Form and mail them to Petsecure at the address below.

Please note: If this is your pet's first claim or your pet has been insured with us for less than 6 months, it will be necessary to attach a complete veterinary history from both current and previous veterinary clinics. If you have previously provided us with this information, you do not need to re-submit it. No history is required for Wellness Care claims.

Claim Checklist.

Prior to sending in your claim please make sure:

- You have completed the Vet Expenses Claim Form
- You have included the original itemised invoice/s and receipts
- You and your Vet have signed the form
- If this is your first Accident or Illness claim, you have included a full veterinary history (medical records from any previous veterinary visits)

All claims should be submitted and received by Petsecure within 90 days of treatment.

DISCLAIMER:
It is a criminal act to make a false or fraudulent claim under an insurance policy or to assist in the preparation or presentation of a false or fraudulent claim under a policy. Violators of this provision may be subject to criminal prosecution



Mailing address
Petsecure,
Locked Bag 9021,
Castle Hill, NSW 1765

Any questions?
Call 1300 855 160
9:00am to 5:00pm (EST)
Monday – Friday

